

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101598900

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	5					
10	5					
11	10					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	10					
21	10					
22	10					
23	10					
24	10					
25	1	1				
26	1	1				
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			23			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						